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PTO/SB/01 (10-00)

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DECLARATION FOR UTILITY OR DESIGN PATENT APPLICATION (37 CFR 1.63) <input type="checkbox"/> Declaration Submitted With Initial Filing OR <input type="checkbox"/> Declaration Submitted after Initial Filing (surcharge (37 CFR 1.16 (e)) required)	Attorney Docket Number	PU030309
	First Named Inventor	Khelan M. Modi, et al.
	COMPLETE IF KNOWN	
	Application Number	/
	Filing Date	
	Group Art Unit	
	Examiner Name	

As a below named inventor, I hereby declare that:

My residence, post office address, and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

DIGITAL/ANALOG CLOSED CAPTION DISPLAY SYSTEM IN A TELEVISION SIGNAL RECEIVER

the specification of which

(Title of the Invention)

☐ is attached hereto

OR

☒ was filed on (MM/DD/YYYY)

Dec. 8, 2004

as United States Application Number or PCT International

Application Number

PCT/US2004/41086

and was amended on (MM/DD/YYYY)

(if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims as amended specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate, or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or of any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Country	Priority Not Claimed	Certified Copy Attached?	
					YES	NO
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

☐ Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:

I hereby claim the benefit under 35 U.S.C. 119(e) of any United States provisional application(s) listed below.

Application Number(s)	Filing Date (MM/DD/YYYY)	<input type="checkbox"/> Additional provisional application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.
60/527,945	Dec. 8, 2003	

[Page 1 of 2]

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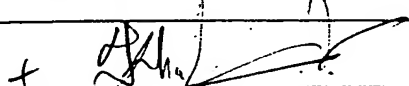
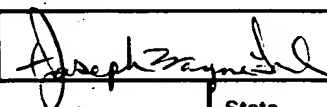
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Address Thomson Licensing Inc.					
Address PO Box 5312					
City PRINCETON			State NJ		ZIP 08543-5312
Country USA		Telephone (609-734-6834			Fax (609) 734 -6888
<p>I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.</p>					
NAME OF SOLE OR FIRST INVENTOR:			<input type="checkbox"/> A petition has been filed for this unsigned inventor		
Given Name Khelan, M.			Family Name MODI or Surname		
Inventor's Signature 				Date 1/21/05	
Residence: City Fishers		State Indiana	Country US		Citizenship IN
Mailing Address					
Mailing Address 10834 Pleasantview Lane					
City Fishers		State Indiana	ZIP 46038	Country US	
NAME OF SECOND INVENTOR:			<input type="checkbox"/> A petition has been filed for this unsigned inventor		
Given Name Joseph, Wayne			Family Name Forler or Surname		
Inventor's Signature 		Date 1/19/05			
Residence: City Zionsville		State Indiana	Country US		Citizenship US
Mailing Address					
Mailing Address 1112 Foxglove Court					
City Zionsville		State Indiana	ZIP 46077	Country US	
<input checked="" type="checkbox"/> Additional inventors are being named on the 1 supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto.					

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DECLARATION**ADDITIONAL INVENTOR(S)**
Supplemental Sheet
Page 3 of 3

Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
Charu		Aneja	
Inventor's Signature		Date	
Residence: City	Chicago	State	Illinois
Country	US	Citizenship	IN
Mailing Address			
Mailing Address 121 West Chestnut, Apt. 2202			
City	Chicago	State	Illinois
ZIP	60610	Country	US
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
Aaron, Hal		Dinwiddie	
Inventor's Signature <i>+ Aaron Hal Dinwiddie</i>		Date <i>+ 1-17-05</i>	
Residence: City	Cicero	State	Indiana
Country	US	Citizenship	US
Mailing Address			
Mailing Address 1075 Bear Cub Drive			
City	Cicero	State	Indiana
Zip	46034	Country	US
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
Inventor's Signature		Date	
Residence: City		State	
Country		Citizenship	
Mailing Address			
Mailing Address			
City		State	
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Attorney Docket Number PU030309
First Named Inventor Khelan M. Modi, et al.

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SIGNAL RECEIVER**

the specification of which (Title of the Invention)

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OR

☒ was filed on (MM/DD/YYYY) Dec. 8, 2004 as United States Application Number or PCT International

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Name	JOSEPH S. TRIPOLI				
Address	Thomson Licensing Inc.				
Address	PO Box 5312				
City	State	ZIP			
PRINCETON	NJ	08543-5312			
Country	Telephone	Fax			
USA	(609-734-6834)	(609) 734-6888			
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.					
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Inventor's Signature					Date
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Fishers	Indiana	US	IN		
Mailing Address					
Mailing Address 10834 Pleasantview Lane					
City	State	ZIP	Country		
Fishers	Indiana	46038	US		
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Inventor's Signature					Date
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Zionsville	Indiana	US	US		
Mailing Address					
Mailing Address 1112 Foxglove Court					
City	State	ZIP	Country		
Zionsville	Indiana	46077	US		
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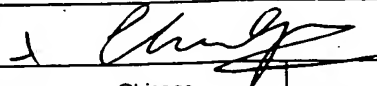
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DECLARATION

ADDITIONAL INVENTOR(S)
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Page 3 of 3

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Given Name (first and middle (if any))		Family Name or Surname	
Charu		Aneja	
Inventor's Signature 		Date 1/22/05	
Residence: City	Chicago	State	Illinois
Country	US	Citizenship	IN
Mailing Address			
Mailing Address 121 West Chestnut, Apt. 2202			
City	Chicago	State	Illinois
ZIP	60610	Country	US
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
Aaron, Hal		Dinwiddie	
Inventor's Signature		Date	
Residence: City	Cicero	State	Indiana
Country	US	Citizenship	US
Mailing Address			
Mailing Address 1075 Bear Cub Drive			
City	Cicero	State	Indiana
Zip	46034	Country	US
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Inventor's Signature		Date	
Residence: City		State	
Country		Citizenship	
Mailing Address			
Mailing Address			
City		State	
Zip		Country	

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BEST AVAILABLE COPY

POWER OF ATTORNEY and CORRESPONDENCE ADDRESS INDICATION FORM	Application Number	
	Filing Date	
	First Named Inventor	Khelan M. Modi, et al.
	Title	Digital/Analog Closed Caption Display System in a Television Signal Receiver
	Art Unit	
	Examiner Name	
	Attorney Docket Number	PU030309

I hereby appoint:

☒ Practitioners at Customer Number Customer Number 24498

OR

☐ Practitioner(s) named below:

Name	Registration Number

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the Patent and Trademark Office connected therewith.

Please recognize or change the correspondence address for the above-identified application to:

☐ The above-mentioned Customer Number:

OR

☐ The address associated with Customer Number:

OR

<input checked="" type="checkbox"/> Firm or Individual Name	Joseph J. Laks, Vice President				
Address	THOMSON LICENSING INC.				
Address	P. O. BOX 5312				
City	PRINCETON	State	NJ	ZIP	08543-5312
Country	USA				
Telephone	609-734-6819	Fax	609-734-6888		

I am the:

☐ Applicant/Inventor.

☒ Assignee of record of the entire interest. See 37 CFR 3.71.

Certificate under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).

SIGNATURE of Applicant or Assignee of Record			
Name	Robert D. Shedd, Registration No.: 36,269		
Signature			
Date	31 May 2006	Telephone	609-734-6828

NOTE: Signatures of all the inventor(s) or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.

☒ *Total of 3 forms are submitted.

**POWER OF ATTORNEY
THOMSON LICENSING**

We,

THOMSON LICENSING
46, Quai A. Le Gallo
F-92100 Boulogne-Billancourt
France

do hereby grant

Joseph J. Laks
Vice President
Thomson Licensing Inc.
Two Independence Way
Princeton, New Jersey 08540


a revocable, non-exclusive and delegable power of attorney to act for us (including the signing of requisite documents) in proceedings concerning patents and applications for patents, including international and other multi-country patents and applications for patents, in our name in the Patent Offices in all countries worldwide from July 1, 2005

DATED this ____ 14th ____ day of __February__, in the year 2006.

Signature:

Typed Name As Signed:

Title:


Béatrix de Russe
Authorized Representative,
Vice-President Intellectual Property & Licensing

THOMSON LICENSING

**POWER OF ATTORNEY
THOMSON LICENSING**

THOMSON LICENSING
46, Quai A. Le Gallo
F-92100 Boulogne-Billancourt
France

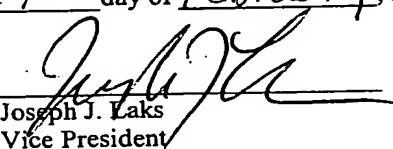
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Vincent E. Duffy - Patent Counsel
Richard LaPeruta - Patent Counsel
Francis A. Davenport - Sr. Patent Agent
William A. Lagoni - Patent Agent
Brian J. Cromarty - Patent Agent
Ronald Kolczynski - Member Patent Staff
Michael A. Pugel - Patent Agent
Thomson Licensing Inc.
Two Independence Way
Princeton, New Jersey 08540

a revocable, non-exclusive and delegable power of attorney to act for us (including the signing of requisite documents) in proceedings concerning patents and applications for patents, including international and other multi-country patents and applications for patents, in our name in the Patent Offices in all countries worldwide from July 1, 2005.

DATED this 27th day of February, 2006.

SIGNED


Joseph J. Laks
Vice President
Thomson Licensing Inc. and
Attorney In Fact for
THOMSON LICENSING

WITNESS

